

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10-618878</b>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						61		
2		/					62		
3		/					63		
4		/					64		
5		/					65		
6		/					66		
7		/					67		
8		/					68		
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11	/						71		
12		/					72		
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38							98		
39							99		
40							100		
41									
42									
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44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	12						TOTAL DEP.		
TOTAL CLAIMS	14						TOTAL CLAIMS		